



Company Manager Application
 Alarm, Locksmith, and Fire Sprinkler Program
www.ok.gov/odol

OKLAHOMA DEPARTMENT OF LABOR
 3017 N. Stiles, Suite 100
 Oklahoma City, OK 73105
 405-521-6100/888-269-5353
 M-F 8:00am-4:30pm

APPLICATION TYPE	APPLICATION FEE	EXACT AMOUNT IS RECOMMENDED
<input type="checkbox"/> New	\$170.00	FEE IS NON-REFUNDABLE
If Application process not completed within 120 days of submission, a new application (and fee) will need to be filed.		

REQUIRED DOCUMENTATION FOR NEW APPLICANTS: U.S. CITIZENS: <ul style="list-style-type: none"> • Certificate of Completion from an Approved Examination Entity • Affidavit of Lawful Presence, signed • A valid, unexpired Driver's License OR State Issued Photo-Identification Card OR Military ID AND • Birth Certificate OR Social Security Card OR A valid, unexpired passport OR A W-2 form/1099 form from current employer • Two completed (2) fingerprint cards • Certificate of Applicant's Experience 	NON-U.S. CITIZENS: <ul style="list-style-type: none"> • Certificate of Completion from an Approved Examination Entity • Verification of immigration status AND • Affidavit of Lawful Presence, signed • A valid, unexpired Driver's License OR State Issued Photo-Identification Card OR Military ID AND • Birth Certificate OR Social Security Card OR A valid, unexpired passport OR A W-2 form/1099 form from current employer • Two completed (2) fingerprint cards • Certificate of Applicant's Experience
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All new applicants must appear **IN PERSON** at the Oklahoma Department of Labor or ODOL approved facility

CATEGORY: Burglar Alarm/Residential Fire Alarm Commercial Fire Alarm Electric Access Control
 Closed Circuit Television Nurse Call Locksmith Fire Sprinkler Monitoring Facility

Name:	Current Technician Lic #:
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Mailing Address:	City:	State:	Zip Code:
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Social Security #:	Date of Birth:
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Phone: ()	E-mail Address:
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Company Name & License #:	Company Phone ()
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MILITARY STATUS
 Within the past six (6) months, have you been honorably discharged from the Armed Forces of the United States, coming off Active Duty as a member of the National Guard or Reserves, or transferred from another state to Oklahoma? Yes No
 If yes, provide date of discharge/coming off Active Duty/transfer: _____
 Are you a spouse of an active duty member of the Armed Forces of the United States? Yes No

I certify the information given on this application by me and on the attached certification, is true and accurate to the best of my knowledge. I understand that false information could result in revocation of my license.

Signature of Applicant / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE **DATE**

Be aware by completing this application you are submitting to a national Federal Bureau of Investigation background check. Your criminal history record search obtained pursuant to U.S. Department of Justice Order 556-73 may not meet employment requirements. Should this be the case, you will have the opportunity to appeal to the Alarm/Locksmith Advisory Board. If you would like additional information regarding your background check, please refer to the Federal Bureau of Investigation website at www.FBI.gov.

FOR OFFICE USE ONLY The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you make your needs known to this agency.	Date:	Lic #:	Receipt #:
	Initials:	Payment Type:	Amount:



Company Manager Application Certificate of Applicant's Experience

Alarm, Locksmith, and Fire Sprinkler Program
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Oklahoma City, OK 73105
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Applicant Name:	Current License # (if applicable):
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READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

The applicant named on this form is required to furnish one or more certificates in support of their experience. The applicant, therefore, is requesting their current and/or previous employer to certify knowledge of experience. All statements made on behalf of an applicant's experience in the classification cited on this form shall be verified by a qualified and responsible person.

Category/Required Hours	Licensed Technical Hours	Sales Hours	Total Hours
Burglar Alarm (8000 Hours)			
Fire Residential (8000 Hours)			
Fire Commercial (8000 Hours*)			
Closed Circuit Television (4000 Hours*)			
Access Control (4000 Hours*)			
Nurse Call (4000 Hours*)			
Locksmith			
Fire Sprinkler **			

* Requirements per Alarm, Locksmith, and Fire Sprinkler Industry Act 59 O.S. § 1800.7 (6).

** Applicant must provide current NICET Level III or Level IV certificate or wallet card for Water-Based Systems Layout **OR** verified minimum of 5 years (10,000 Hours) as a Technician level employee within the Fire Sprinkler industry.

Describe in detail the type of work performed by applicant: _____

Please identify your business relationship to the applicant _____

I certify that I have direct knowledge that said applicant was employed by _____
Company name & License # (if applicable)

from _____ to _____
date date

to perform work in accordance with the Oklahoma Alarm and Locksmith Licensing Act. I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date: _____ Signature: _____

City & State: _____ Print Name: _____

INSTRUCTIONS FOR USE OF THE AFFIDAVIT BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT, OR CERTIFICATE

The person signing this form must read these instructions carefully.

- In the space after the word "**Date**", the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form.
- Within the context of the execution of this form, the term "*penalty of perjury*" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such willful assertion on this form, knowing it to be false, is a crime in Oklahoma and may be punishable by a term or incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner as he would be if personally guilty of the perjury so procured.

Privacy Act Statement and Applicant Notification

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Public Law 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or other responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Record Challenge

Applicant Record Challenge: Before a final decision is made, you have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record is set forth in Title 28, CFR 16.34. For information on updating the national criminal history record, visit www.FBI.gov or <https://www.fbi.gov/cjis/identity-history-summary-checks#challenge-of-an-identity-history-summary>. If certified documents are obtained for the purpose of updating your criminal history record, the documents should be forwarded to the FBI and to the repository in the state where the arrest occurred.